

UTILITY PATENT APPLICATION TRANSMITTAL (only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	WCH1-331-JEL/JRC (10104197)	Total Pages	---
	First Named Inventor or Application Identifier			
	SCHERZER, et al.			
	Express Mail Label No.	EL 829763690 US		

jc970 U.S. PTO
06/14/01

1000 U.S. PTO
06/14/01

APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 12] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]</p> <p>4. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><input checked="" type="checkbox"/> ACCOMPANYING APPLICATION PARTS</p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) German 100 29 437.5 filed June 21, 2000</p> <p>15. <input checked="" type="checkbox"/> Other: Check for Assignment Cover Sheet Check for Filing Fee</p>
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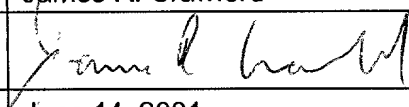
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application

17. ☐ For this application, please cancel original Claims of the prior application before calculating the filing fee.

18. CORRESPONDENCE ADDRESS
☒ Customer Number or Bar Code Label 24972 or ☐ Correspondence Address below

19. TELEPHONE CONTACT
Please direct all telephone calls or telefaxes to James R. Crawford at:
Telephone: (212) 318-3148 Fax: (212) 318-3400

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	James R. Crawford	Reg. No. 39,155
SIGNATURE		
DATE	June 14, 2001	

FEE TRANSMITTAL	<i>Complete if Known</i>		
	Application Number	To be assigned	
	Filing Date	herewith	
	First Named Inventor	Scherzer, et al.	
	Group Art Unit	To be assigned	
	Examiner Name	To be assigned	
		Attorney Docket Number	WCH1-332

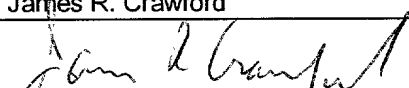
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Large entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	16- 20 =	0	x 9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 82.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			TOTAL FEES	\$710.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature		Date: June 14, 2001
		Deposit Account No. 50-0624

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